



Date Received: \_\_\_\_\_

# Summer Youth Employment Initiative Program **2017 Youth Program Application Form**

\*Applications must be turned in by **Thursday, March 30<sup>th</sup> at 5:30 p.m.!!!\***

Youth ages 14 – 21 (must be 14 by June 19th – no exceptions) residents of Chelsea who are currently attending school, school equivalent program or college students up to age 21 who are seeking summer employment. Please print clearly.

## Youth Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age (as of application date): \_\_\_\_\_ Date of birth: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Youth applicant Cell Phone: \_\_\_\_\_

E-mail (youth): \_\_\_\_\_@\_\_\_\_\_.com

In case my phone number changes, I acknowledge that I **MUST** call to update SYEI database, initials: \_\_\_\_\_

## Education Status:

- Are you currently enrolled in school?  Yes  No
- If **YES**, what is the name of your school: \_\_\_\_\_ Grade: \_\_\_\_\_
- Which best describes you?
  - I am still in middle school or high school
  - I graduated from High School
  - I have my HiSET certificate
  - I am enrolled in a HiSET program
  - I am in College
  - I am no longer in school
  - Other: \_\_\_\_\_

## Work Experience (if none, write N/A):

- Are you currently working?  Yes  No  
Workplace: \_\_\_\_\_
- Have you worked for the Summer Youth Employment Initiative before?  Yes  No
- If **YES**, what year did you work for SYEI?  2013  2014  2015
- If **YES**, what was your placement? \_\_\_\_\_  
What did you learn? \_\_\_\_\_
- If given the opportunity to have a summer placement again this year, would you like to work in the same job placement?  Yes  No
- If NO, what type of job are you interested in? \_\_\_ Office job \_\_\_ Outdoor job \_\_\_ Other: \_\_\_\_\_

## Demographic Voluntary Information:

I am Hispanic/Latino:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I am:	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	White
	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian/Pacific Islander
	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Other _____
Are you bi-racial or of mixed cultural/racial backgrounds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Parent's country of origin: (optional)</b>				
Mother:	_____			
Father:	_____			

**Applications must be hand deliver to a Chelsea Collaborative Staff member by the deadline of **Thursday, March 30<sup>th</sup> at 5:30 p.m.****

The Summer Youth Employment Initiative Program is a youth career readiness program in collaboration with the City of Chelsea. Chelsea Collaborative 318 Broadway Chelsea, MA 02150 Tel. 617.889.6080 Fax. 617.889.0559



Please provide the name and telephone number of two adult references that are **NOT** related to you.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

<p><b>Parent /Guardian # 1</b>                  Name: _____                  Address: _____                  Apt #: _____                  Home Phone: _____                  Cell Phone: _____                  E-mail: _____@_____.com</p>	<p><b>Parent /Guardian #2</b>                  Name: _____                  Address: _____                  Apt #: _____                  Home Phone: _____                  Cell Phone: _____                  E-mail: _____@_____.com</p>
--	---

Youth salaries are paid for through grant funding. The following information helps to determine which area of funding may cover your salary should you be selected to participate in the program.

**Your family annual income level will NOT exclude you from program participation.**

- Please indicate the total amount of family members in the household in the 'Family Size' section; this number should include all the people that live at home with you. Please indicate in the 'Annual Income' section, the combined total amount of income for the household, the amount should include the income for anyone that lives in the house and works full time and part time:

Family Size	Annual Income

Personal Voluntary Information:	Yes	No
Are you a child of a single parent household?		
Do you qualify for free or reduced lunch at your school?		
Are you or have you ever been a foster child through the DCF office?		
Do you have a disability or are you on an IEP?		
Do you have difficulty speaking, reading, or writing English?		
If YES please state your native language: _____		

**Applicants Statement, please read and sign:**

I certify that the answers given herein are true and complete to the best of my knowledge. The information on this form will be used to determine eligibility and the information is subject to external verification and may be released for such purposes.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important Note:**

*Selection is not guaranteed and is subject to funding, placements are throughout the City of Chelsea and adjacent cities. This application is for the youth to complete in its entirety. Please print clearly. Previous program participation does not guarantee continue participation.*

**For additional questions please contact the SYEI office, 617-889-6080 or syei@chelseacollab.org.**